

Instructions: **PRINT** all areas except the SIGNATURE BLANK. This form must be legible! A form must be completed for each student.

COURSE COMPLETION & SKILLS VERIFICATION

_____, has successfully completed* EMT-Basic Course
_____ on _____. He/She demonstrated proficiency in
performing at least the following skills:

Bag Valve Mask (single & two rescuer)
Extremity Immobilization (long bone, joint & traction)
Assessment of a Trauma patient (Adult & pediatric)
Assessment of a Medical patient (Adult & Pediatric)
Management of a Cardiac Arrest Patient including the use of a Semi-automatic Defibrillator
Spinal Immobilization (seated & supine)
Bleeding Control & Shock Management
Upper airway Adjuncts & Suction
Mouth to Mask with Supplemental Oxygen
Supplemental Oxygen Administration
Flow Restricted, Oxygen Powered Ventilation Device
Assisted use of an Inhaler, Auto-injector (EPI) , Glucose, Activated Charcoal & Nitroglycerin (tablet & spray)

EMSTC:

(Signature)

(Printed Name)

(Date)

Medical Director:

(Signature)

(Printed Name)

(Date)

***SUCCESSFUL COURSE COMPLETION MEANS:** *As a minimum, attended all classes (or made up classes missed) and demonstrated proficiency over program knowledge objectives.*